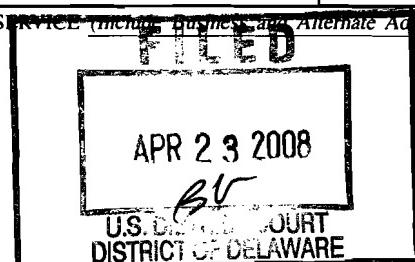


U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	ADAM T. WENZKE	COURT CASE NUMBER	SCR <del>CA 07-504</del>
DEFENDANT	NECHELLE D. BUTCHER	TYPE OF PROCESS	<u>ORDER / COMPLAINT</u>
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN NECHELLE D. BUTCHER (NURSE) CMS - HEALTH CARE PROVIDER		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) HRYCI 1301 EAST 12th ST Wilm, DE 19809		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
<input checked="" type="checkbox"/> ADAM T. WENZKE #182595 D.C.C. Bldg. #21 1181 PADDOK ROAD Smyrna, DE 19977		Number of parties to be served in this case	9
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

PAUPER Case



Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Adam T. Wenzke</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		10/10/07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 15	District to Serve No. 15	Signature of Authorized USMS Deputy or Clerk <i>BF</i>	Date 11/15/08
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
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Address (complete only if different than shown above)	Date of Service 4/22/08	Time pm	am
	Signature of U.S. Marshal or Deputy <i>BF</i>		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

Per Med Dept - no longer employed

At Unexecuted